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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/773,365	
	Filing Date	January 31, 2001	
	First Named Inventor	Suman Khowala	
	Art Unit	1651	
	Examiner Name	Irene Marx	
Total Number of Pages in This Submission		Attorney Docket Number	8920-000005

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Deposit; and return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
		Robert M. Siminski	36,007
Signature			
Date	December 17, 2004		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Robert M. Siminski	Express Mail Label No.	EV 570 165 739 US (12/17/2004)
Signature		Date	December 17, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV 570 165 739 US

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PTO FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450

Complete if Known

Application Number 09/773,365

Filing Date January 31, 2001

First Named Inventor Suman Khowala

Examiner Name Irene Marx

Art Unit 1651

Attorney Docket No. 8920-000005

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	300	2011	150	Utility filing fee	
1012	200	2012	100	Design filing fee	
1013	200	2013	100	Plant filing fee	
1014	300	2014	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20 ** = 0 X = 0

Independent Claims -3 ** = 0 X = 0

Multiple Dependent = 0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim, if not paid	
1204	200	2204	100	** Reissue independent claims over original patent	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	450
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1500	2453	750	Petition to revive - unintentional	
1501	1400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$450)

4. SEARCH/EXAMINATION FEES

1111	500	2111	250	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	300	2113	150	Plant Search Fee	
1114	500	2114	250	Reissue Search Fee	
1311	200	2311	100	Utility Examination Fee	
1312	130	2312	65	Design Examination Fee	
1313	160	2313	80	Plant Examination Fee	
1314	600	2314	300	Reissue Examination Fee	
SUBTOTAL (4)					(\$)0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Robert M. Siminski Registration No. (Attorney/Agent) 36,007 Telephone 248-641-1600

Signature *Robert M. Siminski* Date December 17, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



MTCC

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

To Dr. S. Sengupta Indian Institute of Chemical Biology Jadavpur Kolkata 700 032 NAME AND ADDRESS OF THE DEPOSITOR	RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT issued pursuant to Rule 7.1 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified at the bottom of this page
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I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: MTCC S2-002 (IICB-411)	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: MTCC 5091
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I above was accompanied by : <input checked="" type="checkbox"/> a scientific description <input checked="" type="checkbox"/> a proposed taxonomic designation (Mark with a cross where applicable)	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on <u>4.10.2002</u> (date of the original deposit) ¹	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on <u>24.10.2001</u> (date of the original deposit) and a request to convert the original deposit under the Budapest Treaty was received by it on <u>20.11.2002</u> (date of receipt of request for conversion)	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: Dr. Tapan Chakrabarti Microbial Type Culture Collection & Gene Bank Address: Institute of Microbial Technology Sector 39A, Chandigarh 160036 INDIA	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Tapan Chakrabarti Date: December 5, 2002

¹ Where Rule 6.4(d) applies, such date is the date on which the status of International Depositary Authority was acquired

MTCC

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Dr. S. Sengupta Indian Institute of Chemical Biology Jadavpur Kolkata 700 032</p> <p>NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</p>	<p>VIABILITY STATEMENT issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified on the following page</p>
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<p>I. DEPOSITOR</p> <p>Name: Dr. S. Sengupta Indian Institute of Chemical Biology Address: as above.</p>	<p>II. IDENTIFICATION OF THE MICROORGANISM</p> <p>Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY MTCC 5091 Date of the deposit or of the transfer: November 20, 2002</p>
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<p>III. VIABILITY STATEMENT</p>	
<p>The viability of the microorganism identified under II above was tested on December 2, 2002 and ² on that date, the said microorganism was</p>	
<p><input checked="" type="checkbox"/> ¹ viable</p>	
<p><input type="checkbox"/> ² no longer viable</p>	

¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED*	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: Dr. Tapan Chakrabarti Microbial Type Culture Collection & Gene Bank Address: Institute of Microbial Technology Sector 39, Chandigarh 160036 INDIA	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorised official(s): Tapan Chakrabarti Date: December 5, 2002

* Fill in if the information has been requested and if the results of the test were negative.